

Attorney or Party Name, Address, Phone & Fax Nos.,
State Bar No. & Email

Benjamin Heston
Bar Number: 297798
Nexus Bankruptcy
100 Bayview Circle #100
Newport Beach, CA 92660
Phone: (951) 290-2827
Email: ben@nexusbk.com

- ☐ Debtor(s) appearing without an attorney
☒ Attorney for Debtor(s)

FOR COURT USE ONLY

**United States Bankruptcy Court
Central District of California - Santa Ana Division**

In re:
Citlali Penaloza

CASE NO.:
CHAPTER: 7

**DECLARATION BY DEBTOR(S)
AS TO WHETHER INCOME WAS RECEIVED
FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION
DATE**

[11 U.S.C. § 521(a)(1)(B)(iv)]

Debtor(s).

[No hearing required]

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

Declaration of Debtor 1

1. ☒ I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

- ☒ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. *(If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)*
- ☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: 09/18/2023

Citlali Penaloza
Printed name of Debtor 1


Signature of Debtor 1

Declaration of Debtor 2 (Joint Debtor) (if applicable)

2. ☐ I am Debtor 2 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

- ☐ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. *(If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)*
- ☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: _____

Printed name of Debtor 2

Signature of Debtor 2

CO. FILE DEPT. CLOCK
YXB 000267 000063 0000360049 1**Earnings Statement**OAKMONT MANAGEMENT GROUP LLC
3 PARK PLAZA, SUITE 1920
IRVINE, CA 92614Period Beginning: 08/20/2023
Period Ending: 09/02/2023
Pay Date: 09/08/2023Filing Status: Single/Married filing separately
Exemptions/Allowances:
Federal: Standard Withholding TableCITLALI PENALOZA
1430 S RAITT ST APT 3
1430 S RAITT ST APT 3
SANTA ANA CA 92704

Social Security Number: XXX-XX-0015

Earnings	rate	hours	this period	year to date
Regular	20.0000	78.47	1,569.40	22,462.66
Overtime	30.0000	5.23	156.90	2,949.84
Meal Premium	20.0000	7.00	140.00	1,096.00
Sick	20.0000	2.27	45.40	
Vacation	20.0000	5.73	114.60	594.60
Double Time				52.80
Hldy Obsv Ot				24.74
Holiday				592.00
Holiday Obsrvd				429.00
Gross Pay			\$2,026.30	28,998.04

Other Benefits and Information	this period	total to date
Sick Bal	2.62	
Vacation Bal	11.25	
Totl Hrs Worked	83.70	

Important Notes

YOUR COMPANY'S PHONE NUMBER IS (949) 744-5200

BASIS OF PAY: HOURLY

Deductions	Statutory	
Federal Income Tax	-170.76	2,176.70
Social Security Tax	-125.63	1,797.88
Medicare Tax	-29.38	420.47
CA State Income Tax	-64.03	742.44
CA SDI Tax	-18.23	260.98
Net Pay	\$1,618.27	
Checking 1	-1,618.27	
Net Check	\$0.00	

Additional Tax Withholding Information

Taxable Marital Status:

CA: Single

Exemptions/Allowances:

CA: 0

Your federal taxable wages this period are
\$2,026.30

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OAKMONT MANAGEMENT GROUP LLC
3 PARK PLAZA, SUITE 1920
IRVINE, CA 92614Advice number: 00000360049
Pay date: 09/08/2023Deposited to the account of
CITLALI PENALOZAaccount number transit ABA amount
xxxxxxxx6424 xxxx xxxx \$1,618.27

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CO: FILE DEPT: CLOCK SHIFT NO: 030
YXB 000267 000063 XN50K 00000047

Earnings Statement



OAKMONT MANAGEMENT GROUP LLC
3 PARK PLAZA, SUITE 1920
IRVINE, CA 92614

Period Beginning: 09/03/2023
Period Ending: 09/16/2023
Pay Date: 09/22/2023

Filing Status: Single/Married filing separately
Exemptions/Allowances:
Federal: Standard Withholding Table

CITLALI PENALOZA
1430 S RAITT ST APT 3
1430 S RAITT ST APT 3
SANTA ANA CA 92704

Social Security Number: XXX-XX-0015

Earnings	rate	hours	this period	year to date
Regular	20.0000	61.53	1,230.60	23,693.26
Holiday	20.0000	8.00	160.00	752.00
Meal Premium	20.0000	8.00	160.00	1,256.00
Overtime				2,949.84
Double Time				52.80
Hldy Obsv Ot				24.74
Holiday Obsrvd				429.00
Vacation				594.60
Gross Pay			\$1,550.60	30,548.64

Other Benefits and Information	this period	total to date
Sick Bal	4.67	
Vacation Bal	13.64	
Totl Hrs Worked	61.53	

Important Notes

YOUR COMPANY'S PHONE NUMBER IS (949) 744-5200

BASIS OF PAY: HOURLY

Deductions	Statutory	
Federal Income Tax	-113.68	2,290.38
Social Security Tax	-96.14	1,894.02
Medicare Tax	-22.49	442.96
CA State Income Tax	-34.89	777.33
CA SDI Tax	-13.96	274.94
Net Pay	\$1,269.44	
Checking 1	-1,269.44	
Net Check	\$0.00	

Additional Tax Withholding Information

Taxable Marital Status:
CA: Single
Exemptions/Allowances:
CA: 0

Your federal taxable wages this period are
\$1,550.60

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OAKMONT MANAGEMENT GROUP LLC
3 PARK PLAZA, SUITE 1920
IRVINE, CA 92614

Advice number: 00000380047
Pay date: 09/22/2023

Deposited to the account of	account number	transit ABA	amount
CITLALI PENALOZA	xxxxxxxx6424	xxxx xxxx	\$1,269.44

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CO. FILE DEPT. CLOCK YCHL NO 030
YXB 000267 000063 00000000**Earnings Statement**OAKMONT MANAGEMENT GROUP LLC
3 PARK PLAZA, SUITE 1920
IRVINE, CA 92614Period Beginning: 08/06/2023
Period Ending: 08/19/2023
Pay Date: 08/25/2023Filing Status: Single/Married filing separately
Exemptions/Allowances:
Federal: Standard Withholding TableCITLALI PENALOZA
1430 S RAITT ST APT 3
1430 S RAITT ST APT 3
SANTA ANA CA 92704

Social Security Number: XXX-XX-0015

Earnings	rate	hours	this period	year to date
Regular	20.0000	68.20	1,364.00	20,893.26
Overtime	30.0000	3.10	93.00	2,792.94
Meal Premium	20.0000	3.00	60.00	956.00
Sick	20.0000	5.63	112.60	
Vacation	20.0000	24.00	480.00	480.00
Double Time				52.80
Hldy Obsv Ot				24.74
Holiday				592.00
Holiday Obsrvd				429.00
Gross Pay			\$2,109.60	26,971.74

Other Benefits and Information	this period	total to date
Sick Bal	2.27	
Vacation Bal	13.93	
Totl Hrs Worked	71.30	

Important Notes

YOUR COMPANY'S PHONE NUMBER IS (949) 744-5200

BASIS OF PAY: HOURLY

Deductions	Statutory	
Federal Income Tax	-180.76	2,005.94
Social Security Tax	-130.80	1,672.25
Medicare Tax	-30.59	391.09
CA State Income Tax	-69.53	678.41
CA SDI Tax	-18.99	242.75
Net Pay	\$1,678.93	
Checking 1	-1,678.93	
Net Check	\$0.00	

Additional Tax Withholding Information

Taxable Marital Status:

CA: Single

Exemptions/Allowances:

CA: 0

Your federal taxable wages this period are
\$2,109.60

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OAKMONT MANAGEMENT GROUP LLC
3 PARK PLAZA, SUITE 1920
IRVINE, CA 92614Advice number: 00000340050
Pay date: 08/25/2023

Deposited to the account of	account number	transit ABA	amount
CITLALI PENALOZA	xxxxxxx6424	xxxx xxxx	\$1,678.93

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CO. FILE DEPT. CLOCK VCHR. NO. 030
YXB 000267 000063 0000320046

Main Document

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Earnings StatementOAKMONT MANAGEMENT GROUP LLC
3 PARK PLAZA, SUITE 1920
IRVINE, CA 92614Period Beginning: 07/23/2023
Period Ending: 08/05/2023
Pay Date: 08/11/2023Filing Status: Single/Married filing separately
Exemptions/Allowances:
Federal: Standard Withholding Table**CITLALI PENALOZA**
1430 S RAITT ST APT 3
1430 S RAITT ST APT 3
SANTA ANA CA 92704

Social Security Number: XXX-XX-0015

Earnings	rate	hours	this period	year to date
Regular	20.0000	43.52	870.40	19,529.26
Meal Premium	20.0000	5.00	100.00	896.00
Overtime				2,699.94
Double Time				52.80
Hldy Obsv Ot				24.74
Holiday				592.00
Holiday Obsrvd				429.00
Gross Pay			\$970.40	24,862.14

Other Benefits and Information	this period	total to date
Sick Bal	5.64	
Vacation Bal	35.27	
Totl Hrs Worked	43.52	

Important Notes

YOUR COMPANY'S PHONE NUMBER IS (949) 744-5200

BASIS OF PAY: HOURLY

Deductions	Statutory	
Federal Income Tax	-44.06	1,825.18
Social Security Tax	-60.16	1,541.45
Medicare Tax	-14.07	360.50
CA State Income Tax	-12.68	608.88
CA SDI Tax	-8.73	223.76
Net Pay	\$830.70	
Checking 1	-830.70	
Net Check	\$0.00	

Additional Tax Withholding InformationTaxable Marital Status:
CA: Single
Exemptions/Allowances:
CA: 0

Your federal taxable wages this period are \$970.40

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OAKMONT MANAGEMENT GROUP LLC
3 PARK PLAZA, SUITE 1920
IRVINE, CA 92614Advice number: 00000320046
Pay date: 08/11/2023

Deposited to the account of	account number	transit ABA	amount
CITLALI PENALOZA	xxxxxxxx6424	xxxx xxxx	\$830.70

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CO. FILE NO. DEPT. CLOCK YEAR NO. PERIOD
YXB 000267 000063

Main Document

Earnings Statement



OAKMONT MANAGEMENT GROUP LLC
3 PARK PLAZA, SUITE 1920
IRVINE, CA 92614

Period Beginning: 07/09/2023
Period Ending: 07/22/2023
Pay Date: 07/28/2023

Filing Status: Single/Married filing separately
Exemptions/Allowances:
Federal: Standard Withholding Table

CITLALI PENALOZA
1430 S RAITT ST APT 3
1430 S RAITT ST APT 3
SANTA ANA CA 92704

Social Security Number: XXX-XX-0015

Earnings	rate	hours	this period	year to date
Regular	20.0000	53.88	1,077.60	18,658.86
Overtime	30.0000	2.37	71.10	2,699.94
Meal Premium	20.0000	2.00	40.00	796.00
Double Time				52.80
Hldy Obsv Ot				24.74
Holiday				592.00
Holiday Obsrvd				429.00
Gross Pay			\$1,188.70	23,891.74

Other Benefits and Information

	this period	total to date
Sick Bal	4.19	
Vacation Bal	33.58	
Totl Hrs Worked	56.25	

Important Notes

YOUR COMPANY'S PHONE NUMBER IS (949) 744-5200

BASIS OF PAY: HOURLY

Deductions	Statutory	
Federal Income Tax	-70.25	1,781.12
Social Security Tax	-73.70	1,481.29
Medicare Tax	-17.24	346.43
CA State Income Tax	-18.96	596.20
CA SDI Tax	-10.70	215.03
Net Pay	\$997.85	
Checking 1	-997.85	
Net Check	\$0.00	

Additional Tax Withholding Information

Taxable Marital Status:
CA: Single
Exemptions/Allowances:
CA: 0

Your federal taxable wages this period are
\$1,188.70

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OAKMONT MANAGEMENT GROUP LLC
3 PARK PLAZA, SUITE 1920
IRVINE, CA 92614

Advice number: 00000300045
Pay date: 07/28/2023

Deposited to the account of	account number	transit ABA	amount
CITLALI PENALOZA	xxxxxxx6424	xxxx xxxx	\$997.85

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